Exact statement of EXACTLY. RECORD may be properly classified. should be stated PERMANENT BINDING AGE C 0 THIS that supplied ED NX n terms, so RESERV UNFADING refully Ca C MARGIN pino EATH S. No. 1.

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PARTICULARS PERSONAL AND STATISTICAL 3 SEX SINGLE, MARRIED, 4 COLOR OR RACE WIOOWED OR OIVORCED (Write the word) on back of certificate 6 DATE OF BIRTH (Month) (Day) 7 AG mas a) Trade, profession, ny instructions particular kind of work (b) General nature of industry business, or establishment in which emplayed for emplayer 9 BIRTHPLACE (State or country) See 10 NAME OF FATHER important S 11 BIRTHPLACE PARENT (State or country) Every item of Information should state CAUSE OF DOCCUPATION is very imp 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) TRUE TO THE BEST OF MY KNOWLEDGE (toformant) (Address' 15 m

1 PLACE, OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.		
st; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
MEDICAL DERTIFICATE		
(Month)	(Day) , 1915	
	, 191,	
that I last saw h alive on	, 191,	
and that death occurred on the date s		
The CAUSE OF DEATH * was as follo	ws:	
Signed) State the Disease Causing Death, o Causes, state (1) Means of Injury; and Suicidal or Homicidal.		
OR RECENT RESIDENTS) At place of deathyrs	~ 3	
9 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL	
20 UNDERTAKER	ADDRESS	

REGISTRAR

(Year)

min.?

If LESS than

1 day, hrs.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question the second statement. Never return "Laborer," Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I.obar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Annemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" birth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Puerperal scplichaemia," "Dropsy," "Exhaustion," ("Con-

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WRITE FLAINLY, WITH UNFADING INN-IHIS IS A PERMANENT RECORD	ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in ...Ward) a hospital or lostitution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH nth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, t day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... 10 NAME CF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ___ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?-Former or osoal residence. 19 PLACE/OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion, Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915
BUREAU.V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 5310	STATE OF MARYLAND
County Haward	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City College (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
III WIDOWED .	gle 16 DATE OF DEATH Africal 12, 1913 (Month) (Day) (Year)
Clente Colored (Write the word) 6 DATE OF BIRTH ROY. 9	17 HEREBY CERTIFY, That I attended deceased from 1914, to 2 1916.
1 day	that I last saw h alive on 1915. LESS than and that death occurred on the date stated above, at 2 mm.
e occupation (a) Trade, profession, or particular kind of work	min.?
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs. / mos. / — ds
9 BIRTHPLACE (State or country) maryland	Contributory Secondary Duration yes mos ds
of Harry Marshall Bar	(Signed) (Address) Cleustaty Md
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Marylano	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmosds Where was disease contracted,
(Informant) Marshall Barne	If not at place of death? Former or usual residence
(Address) Ellicott leit	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL' MY GILLS - Mpril 13, 1910
Filed 4 - 12, 1815 (13) (13) (14)	Louis Caston Som Elliest City
If more blanks are needed, address State I	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "l'oreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to eian, Compositar, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tubereulosis of lungs, menin-

genital," on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning: "Heart failure," "He morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "An remia" (merely symptomatic), "Atropuy, on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetonus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mulignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sareoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," Never report mere "Atrophy," "Exhaustion," important. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
	10 10	CERTIFICATE OF DEATH
Co	ounty Courahalla	101
		Registered No
V	illage or Cityellehister (No,	St; Ward) [It death occurred in
	illags of City	St; ward) a hospital or institution, give its NAME instead
	6 . 10	of street and number.]
	FULL NAME dand booms	2. S. C. Salvery
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH april 6 1915
2	MIDOWED.	(Month) (Day) (Year)
ce	male white ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	man 25, 1915 to april 5th, 1915.
	march 25, 1915	that I last saw him alive on afoul of 1910
	(Month) (Day) (Year)	that I last saw h
7 A	GE If LESS than	and that death occurred on the date stated above, atm,
	yrs. mos. / yds. ormin.?	The CAUSE OF DEATH* was as follows:
8 -	4	
	CCUPATION) Trade, profession, or	
pa	rticular kind of work	Clinte / accordy motor top trales
	General nature of industry, iness, or establishment in	(Ouration) yrs. mos. 6. ds.
	ich employed (or employer)	
9 8	IRTHPLACE (ate or country)	(Secondary)
(6)	mate or country,	(Ouration)yrsmosds.
	10 NAME OF	1 6 W. 17
	FATHER HUSCH COWER	(Signed), M. O.
S	11 BIRTHPLACE	6,191 (Address) Clearly Cy
ENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME MELE . 10 2 4 1	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
A	OF MOTHER DELLES () Alderes (18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted,
	(Informant) Huch 13 Cavel	Former or
	(Informani)	usual residence
	(Address) (Ilohustus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	GI I LIGHT	elt maries Emetaramarch 1916.
	Bouch of Photollenke	20 UNDERTAKER ADDRESS
FI	led 191 A REGISTRAR	Affillownols & I bellicalt
==		ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		.,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illfication, as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE Scrvant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement, material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaesepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailscause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



	. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states		
WHILE PLANIEL, WILL CHARLING INA LINE IS A PENINGHIC ALCOND	0.	act s		
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	PLACE OF DEATH	STATE OF MARYLAND
Coun	ity Howard Co.	CERTIFICATE OF DEATH
Villa	ge or City Corksville (No.	Registration Dist. No
	2 FULL NAME Reuben Hammon.	a hospital or institution of street and numb
er.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Y
6 DA	TE OF BIRTH	4 HEREBY CERTIFY, That t attended deceased of the standard of
7 AG	(Month) (Day) (Year) E	and that death occurred on the date stated above, at "
) (a	OCCUPATION) Trade, profession, or clicular kind of work Company of the company	Lo far Paramone
bus) General nature of industry siness, or establishment in ich empioyed (or empioyer)	(Ourstion) yrs, mos
B1	RTHPLACE (State or country) /- Invaid G., Red.	Secondary (Quration) 778 mos.
	10 NAME OF FATHER Frank Cook	(Signed) Helicano III Maria
ENTS	of FATHER (State or country) Hary Paul	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLES CAUSES state (1) MEANS OF INJURY: and (2) whether ACCIOENTA
	12 MAIDEN NAME Cachael Goff	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTA SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
PAR		OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Many land	At place In the of death yrs. mos. ds. State, yrs. mos.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julian L. Byells	At place : In the
14 TH	GEABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. state, yrs. mos. if not all place of death?

[Appreved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" head-homicide; Poisoned by Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercurctc. earbolic acid-probably State cause for which Never report mere "Atrophy," (Recommendations ("Con-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registered No Ilf death occurred in .Ward) (No.... a hospital or institution. give its NAME instead of sfreet and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEY 1911 MARRIED. WIDOWED! (Day) Month) ORDIVORCED (Write the word) CERTIFY. That I attended deceased from 8 DATE OF BIRTH une (Year) (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 5 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE to the At place OF MOTHER of death yrs. mos. ds. State yrs, ____ mos. (State or country Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OF BURIAL (Address) ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many l'hysician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Preclse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Farmer or Planter, Salesman, (b) As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, term for the same disease. " (Croup"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cere-("I'neumonia," unquaiffied, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever Examples: Cercbrospinal (never report "Typhoid (avoid use

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

Village or City Elicott City (No Patapas)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Mauor Sambagam Ward) [if death occurred in a hospital or institution,
2 FULL NAME Gerbrudo Eliza	beth Doulan give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frush Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Survay (Month) (Day) (Year)	that I last saw h & alive on affect 1, 1915,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Devention yrs. 3 mos. ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Vir fruera	Contributory acute Entercli Secondary (Qurallon) yrs. mos. 6 ds.
10 NAME OF Janes Smith 11 BIRTHPLACE Q D	(Signed) . M. in the M. o. Address Ellicott Cely
E BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LUKUMM	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Suffaued	OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmosds. Where was disease contracted,
(Informant) E. Donlars	former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 4-11, 1915 Mallendors REGISTRAR	PLACE OF BURIAL OR REMOVAL ACTUAL STATE OF BURIAL OPTILITY, 191.16. OUNDERTAKER ADDRESS 3 17, N
	16 W. Saratoga S., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Growry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, At home. Care should be Never return Locomolive engineer, If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report: "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, cough; Chronic volvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," Never (Recommendations "Exhaustion," report mere



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5515 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. If death occurred in PHYSICIANS St.:....Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE It LESS than and that desth occurred on the date stated above, at. t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 50 PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER instructions plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH State yrs. ____ mos. ___ ds ot death yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? 0 Former or OF usual residence mportant. DATE OF BURIAL CAUSI 15 20 UNDERTAKER ADDRESS REGISTRAR 9 If more blanks are needed, address State Registrar, 6 E. Manklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," ctc., without more precise specistatement. it should be ased only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinlte salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauttion," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less defiulte; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of may be stated under the head of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 1 1915

BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING FOR INK-THIS IS RESERVED PLAINLY, WITH UNFADING MARGIN WRITE V. S. No. 1. N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
come Howard (Can)	CERTIFICATE OF DEATH
County Toward	XI VI
	Registration Dist. No.
Village or City Ellicott City (No.	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Mary Catherine	Eable give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Colors
y wipowed maries	(Month) (Day) (Year)
Yewale Whele OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Max 26 ,1915, to afer . 11 ,1915;
SEPT. 12 1856	
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h & alive on UM., 191.5,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 8:45 m.
58 yrs. 6 mos. 3 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	8
(a) Trade, profession, or particular kind of work.	Parener of the
(b) General nature of industry) 1/3:
business, or establishment in which employed (or employer)	(Duration) yrs. mos. Z ds,
9 BIRTHPLACE	Contributory Mecua Stience
(State or country) Remsylvama	
10 NAME OF A Damell R.	(Duration) yrs 6 mos ds,
FATHER Joseph Stickell	(Signed) W. 15. Whete M. O.
0 11 BIRTHPLACE	, 191 (Address) Ellicott Cety mg
Z OF FATHER (State or country) Masin Pa.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
11 BIRTHPLACE OF FATHER (State or country) Masion Pa 12 MAIDEN NAME OF MOTHER Scesare Rentages	Suicidal or Homicidal.
a Jusan gent nuger	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Upon Va.	of deathyrsmosds. State,yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at plece of death?
(Informant) S. a. Stickell	Former or usual residence
(Address) Hagerstown mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	to Hagerstown Kfiril 11, 1918
Fled 4- // 1915 Clallanton	20 UNDERTAKER ADDRESS
REGISTRAR	· ceasing Son Client let
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus; Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groscry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day lobover, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coul mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tctanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaties "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. " "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion,"



V. S. No. 1.

County Howard, 551	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9
Village or City Essufs, (No. ,)	St.; Ward) [If death occu a hospital or inst give its NAME of street and au
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended decease
TAGE October Information (Day) Tage October Information (Day) Tage	that I last saw h alive on Phil !!" and that death occurred on the date stated above, at !!
2 0 yrs 6 mos ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work was aborted (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Mary Paul	Contributory A C Contributory (Burallon) yrs. mos.
10 NAME OF FATHER This Gibbons 11 BIRTHPLACE OF FATHER (State or country) Many Paul, 12 MAIDEN NAME OF MOTHER Tours Query	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Libbons.	OR RECENT RESIDENTS) At place of deathyrsmosds. 4 State,yrsmos. Where was disease contracted, if not at place of death?
(Address) Lassips	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Labarer of the second statement. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Cool mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by STICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Aecidental drowning; mus," "Old Age," "Shock," "Uracinia," "Weakness, under the head of "Contributory." Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Publipenal septichaemia, "Publipenal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convul genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vakular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, (merely symptomatic), The contributory (secondary or intercur-"Convulsions," corbolic acid-probably State cause for which "Debility" Never report mere (Recommendations "Atrophy," wound ("Con-



V. S. No. 1.

N. B.-

PLACE OF DEATH Sounty Fard Village or City Gary (No. 1986)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) a hospital or localitation
FULL NAME Milliam a	Holland a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, Willowed, Willowed, Willowed, William (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw harse allow on april 14 1915
76 yrs 6 mos 8 ds 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5.0 Pm, The CAUSE OF DEATH* was as follows: Advular heart desirant
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment le which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary Duration yrs mos ds.
10 NAME OF Elias Holland	(Signed) A Michael M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mary land OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
OF MOTHER Gerlinda Ellis 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) La lega Rull gelly	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Cary, Maryland. 16 Filed Ward 17, 1915 & W. Chol.	Dereda Cernitery Address
* If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," -Coal (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always quality all useasses resumme and childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



V. S. No. 1.

N. B.

A/	CERTIFICATE OF DEATH
County Howard	Registration Dist. No. 193
Village or Cityonian Rover (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married of Single, Married of Single, Married of Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Supt. 4. 1834. (Month) (Day (Year)	that I last saw hans alive on April 18, 1915.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at Amm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or Harmer particular kind of work	Hemiplegia >.
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country) Fuduit Co., Md.	Secondary (Dutation) yrs mos ds.
10 NAME OF Shi Hyatt.	(Signed) J. Lacy , M. B. chrie 20 (1915 (Address) Lisbon , M. M. B.
11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER Muandi Water	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	Af place of deathyrsmosds. Stateyrs,mosds
(Informant) My Will Green	if not at place of death? Former or usual residence
16 Filed Office 20, 1915 & W. Lasy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Memplerum Fuscus to April 22, 1915 20 UNDERTAKER ADDRESS
If more blacks are needed, address State Regist	trae, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN V. S. No. 1.

BINDING

FOR

RESERVED

	1 PLACE OF DEATH	STATE OF MARYLAND		
0.1	Anivard MA	CERTIFICATE OF DEATH		
Coun		Registration Dist. No		
/	811 84	[if death occurred in		
Villag	ge or City (No, No,	a hospital or institution,		
	1 21 30 / = of Od A /	give its NAME instead of street and number.		
	FULL NAME Still from Challes	have uparing to mich		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	MARKIED, LIZACIA	16 DATE OF DEATH While to 1915		
10	male bloud WIDOWED OR DIVORCED (Write the word)	. (Month) (Day) (Year)		
K		17 I HEREBY CERTIFY, That I attended deceased from		
V DA	TE OF BIRTH	, 191, to, 191,		
	(Month) (Day) (Year)	that I last saw h alive on		
7 AG	E If LESS than	and that death occurred on the date stated above, at ///s.m.		
	1 day, 5 hrs.	The CAUSE OF DEATH * was as follows:		
	yrs,ds. <u>OR</u> min.?	THE CASE OF BEATT Was as lettows.		
8 00	CCUPATION) Trade, profession, or home			
par	rticular kind of work	andere produced		
) General nature of industry siness, or establishment in			
	ich employed (or employer)	(Dúration) yrs. mos. ds.		
: 9 BI	(State or country) Manufactor	Contributory Secondary		
	10 NAME OF ALL	(Quration) yrs, mos ds.		
	FATHER Charles Johnson	(Signed) , M. 0.		
2	11 BIRTHPLACE	Cefron 11, 1915 (Address) / Collect Ces, 1		
ENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOUENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,		
ARE	12 MAIDEN NAME OF MOTHER	. Suicidal of Homicidals		
0	maria jouris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
1 : 2	13 BIRTHPLACE OF MOTHER	At place In the		
	(State or country) Maryland	of deathyrsmosds. State,yrsmosds. Where was disease contrected,		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of deeth?		
	(informant) Charles fohnson	Former or usual residence		
	Show also age to men & Ol W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
	(Address) Sowe wa you manor tellies let	West Leity appt 12 1915		
15	1 11 - ORdere P.	20 UNDERTAKER ADDRESS		
Fil	ed 4 1915 Challed Stranger Decision Brown	Sporton Sons & Pl. antilite		
	REGISTRAR	16 W Savetone St. Balto, Requesting V.S. No. 1		
11 7-	If more blanks are needed, address State Registrar,	to w. Daratoga Dt., Darto., requesting v. D. 100 1.		

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningulatified, is indefinite); Tuberculosis of tungs, meningulation of the contraction of tungs, meningulation of tungs, meningulation of the contraction of tungs, meningulation of tungs, me

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uracmia," "Weakness," "An emia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... etc., when a definite disease ean be ascertained as the rent) affection need not be stated unless caugh; Chronie rubular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercuretc.), "Dropsy," "Atrophy," "Exhaustion," ACCIDENTAL, important.



OCCUPATION

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certificate.

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DEATH

OF mportant.

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See instructions

PHYSICIANS

RECORD

PERMANENT

5520 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No... Ilf death occorred in St .: Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSEY 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, Widows
ORDIVORCEO
(Write the word) (Month) (Day DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State _____ yrs. ____ _ ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL perilonilis," childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for Never report



Count	PLACE OF DEATH 5521	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Villag	e or City Javage (No.) 2 FULL NAME Rulph G. L	St.; Ward) [If death occurred in a bospital or institution, give its NAME instead of street and number.]		
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	ale Mile Wiooweo Manuel or Divorceo (Write the word)	16 OATE OF OEATH (Month) (Day) (Year) 17 HEREBY GERTIFY, That I attended deceased from		
7 AGE	TELY SIM , 18 JUY (Year)	that I last saw h alive on a for fine 1915, 1915, and that death occurred on the date stated above, at 8-44/2m		
	1 day, hrs. or min.?	and that death occurred on the date stated above, at 8-410 m The CAUSE OF DEATH ** was as follows:		
part (b) bus white) Trade, profession, or licular kind of work) General nature of industry iness, or establishment in chemployed (or employer) RTHPLACE (State or country)	(Quiation) yrs mos d		
ARENTS	10 NAME OF FATHER ROLL 11 BIRTHPLACE OF FATHER (State of country) 12 MAIOEN NAME OF MOTHER OF MOTHER	(Signed)		
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)			
15	(Address) Savagu Mil	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL ANAGE OF BURIAL OR REMOVAL 20 UNDERTAKER ADORESS		

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthfultherefore an additional line Locomolive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway troin-accident; Revolver wound of birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Coma," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," carbolic acid-probably Never report mere "Atrophy," "Col-



PLACE OF DEATI	000	22	State of the same	STATE OF M	ARYLAND
County Abroar	de good	MX	20Km	CERTIFICATE	OF DEATH
L . ()	(1	9		Registration	Dist. No.
Village or City	age (No.	,	0 - 0	St.;Ward)	- [If death occurred a hospital or institution give its NAME inste
² FULL NAME	Clarissa	······	Lille	24	of street and number
PERSONAL AND	STATISTICAL PARTICE	ULARS		MEDICAL CERTIFICATI	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)			16 DATE OF DEATH (Month) (Day) (Yes		
B DATE OF BIRTH		- //	- / .	REBY CERTIFY, That I	b- act
al.	10 15	1863	apr	, 1910, to CA	11 -att
	(Month) (Day)		20 10 10		191
7 AGE.		of LESS than a day, the hrs.		th occurred on the date	90° .
yrs Village	mos. 24 ds.	OR min.?	The CAUSE C	F DEATH * was as fol	lows:
8 OCCUPATION (a) Trade, profession, or	46		L. C. L.	CANAL MANAGER	(1/0/
particular kind of work	Mullefre		***************************************		
(b) General nature of industry business, or establishment in				(Defition) yrs. mos. 3
which employed (or employer).		***************************************	Contribute	a G. Her	
(State or country)	muland		Secondary		8- 11
10 NAME OF FATHER	carah felle		(Signed) Ch	es 6 Times	leson
Z OF FATHER (State or country) 12 MAIDEN NAME	me		*State	the DISEASE CAUSING DEATH, te (1) MEANS OF INJURY; as	
12 MAIDEN NAME OF MOTHER	2 1 11	4/5	SUICIDAL OF	Homicidal.	
13 BIRTHPLACE	farrisu Ho	mulla	OR RECENT F		
OF MOTHER (State or country)	Tuet		of deathyrs		tha tate,yrsmos
14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOW	LEDGE	Where was disease if not at place of		#2000000000000000000000000000000000000
(Informant) Bush	igea Colles	2	Former or usual residence		
(Address)	avala 9	ne	19 PLACE OF E	BURIAL OR REMOVAL	DATE OF BURIAL
15 Shr. 11 Th	Ü		Savag	8/ Tornelly	MJML J. 191.
Filed, 191	6 PART TOTAL	A	20 UNDERTAK	ER William	PAULES MAN
Henry 7	1 BUNE VIE	REGISTRAR	1/1/shun	TUMMIN	47/11/1/1/1/1/

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular hunt disease; Chronic interstitial gos, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage "Senile," etc.), The contributory (secondary or intercuras "PUERPERAL septichurmia," "Dropsy," Never (Recommendations "Exhaustion," report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	P P S A S A S A S A S A S A S A S A S A	
	1 PLACE OF DEATH 5523	STATE OF MARYLAND
	How and la	CERTIFICATE OF DEATH
Co	ounty Toward as	
		Registration Dist. No.
Vil	liage or City Colle cott Col- (No.	St.; Ward) [If death occurred in
		a hospital or Institution,
	2 FULL NAME Brother Bland	ot street and number.]
_	2FULL NAME OF UP 136 UNIO	lin- Abel (Guzene Jean Massard)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RAGE 5 SINGLE, Single	16 DATE OF DEATH April 5, 1915
7	nale While WIDOWED, ORDIVORCED (Write the word).	(Month) (Day (Year)
-	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
U	0-	March 28 1910 to Uhrl & 1915
	(Month) (Day (Year)	that I last saw h. Mallve on affile 45 1910
TA	GE If LESS than	and that death occurred on the date stated above, at 10 P
	/y / / / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs mos ds. OR min.?	Broncho- Pneu morna
	CCUPATION 1) Trade, profession, or	7//
pa	1) Trade, profession, or Leacher	***************************************
(b)) General nature of Industry, siness, or establishment in	
	lich employed (or employer) — Toollege	(Duration) yrsmos. 9 d
9 B	IRTHPLACE (State or country) & A	Contributory
	(State or country) G. D. de Luxembourg	
	10 NAME OF FATHER	(Duration) yrs mos d
	- Cholas Massard	(Signed) M. I
ARENTS	11 BIRTHPLACE OF FATHER	Uprote , 1915 (Address) Buccost billy
H	(State or country) Luxembourf	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
AR	OF MOTHER Barbara Bockor	TAL, SUICIDAL, OF HOMICIDAL.
۵.		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Suxembourf	At place In the
4		of death yrs mos ds. State yrs mos d Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?
	(Informant) Dro. Dorotheus	Former or usual residence
	(Address) Rock Hill College Ellicott City	10
16	(Address) 1001 1100 congs, descou and	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	11 1 - pral 1	20 UNDERTAKER ADDRESS
FI	led John Sold Sold Sold Sold Sold Sold Sold Sold	ADDRESS SIN
-	REGISTRAR	guston wins celliers les
	The more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write Nonc. cated thus: EAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fleation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial cuployments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various parsaits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) canse of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



should is OCCUPATION statement PERMANENT classified. THIS properly AG supplied. pe UNFADING may that 80 50 WITH terms, pino plain Instructions __ EATH Do IL, Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. I'lf death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIOOWEO, (Month) (Year) (Day OROIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1915 tol (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at, 1 dayhrs. The CAUSE OF DEATH* was as follows: mos. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191..... (Address) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INSURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or coun of death _____ yrs. ___ State _____ yrs, __ Where was disease contracted. KNOWLEDGE if not at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR In more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the DISEASE who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.-

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

5524

1 PLACE OF DEATH

County-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Aule Color or race 5 single, Married, Widowed, Or O	(Month) (Day (Year)	
6 DA	The OF BIRTH The 3,1945	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191, 191	
7 A C	(Month) (Day (Year) If LESS than 1 day,	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:	
(a) par	CCUPATION I Trade, profession, or ticular kind of work	Quality tring to a	
busl	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)yrs,mosds.	
9 BI	RTHPLACE (State or country) Loward Co.	Gontributory Secondary (Duration)yrsmosds	
	10 NAME OF William Helson	(Signed) At his Over M.D.	
RENTS	11 BIRTHPLACE OF FATHER (State or country) Howold Co,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
PAR	12 MAIDEN NAME Phellie Blues	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS	
	OF MOTHER (State or country) Howard Co,	At place in the of death yrs mos ds. State yrs mos ds	
	Informant) The Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
16	(Address) West trendo his	Laurend or sues farm DATE OF BURIAL	
File	ed Christ, 1915 Thurs All	20 UNDERTAKER William Helam West + right	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the applies to each aud every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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A PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

S. No. 1.

7.

1 PLACE OF DEATH

2

Vil	lage or City West Friendship (No, -	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Male Color OR RAGE Single, MARRIEO, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH AMonth) (Day (Year)
8 D	ATE OF BIRTH Office 3, 1915 (Month) (Day (Year)	17 I hereby Gertify, That I attended deceased from 191, to 191
7 A	GE If LESS than 1 day 2 hrs. OR min. ?	and that death occurred on the date stated above, at
(a	CCUPATION) Trade, profession, or ricular kind of work	Trale to the Tableton
(a pa (b) bus wh		Contributory Secondary
(a pa pa (b) bus white 9 B	Trade, profession, or ricular kind of work Deneral nature of Industry, siness, or establishment in ich omployed (or employer) IRTHPLACE (State or country) West-Friends het 10 NAME OF FATHER William Helson 11 BIRTHPLACE	ContributorySecondary
(a pa pa bus white s pa	Trade, profession, or ricular kind of work. General nature of Industry, siness, or establishment in ich omployed (or employer) IRTHPLACE (State or country) West-Friends hat 10 NAME OF FATHER William Helasm 11 BIRTHPLACE OF FATHER (State or country) Henry land 12 MAIDEN NAME OF Hellie Benneth	Contributory Secondary (Duration) yrs mos (Signed) VWV + VV
PARENTS (a) (a) (a) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Trade, profession, or ricular kind of work General nature of Industry, iness, or establishment in ich omployed (or employer) IRTHPLACE (State or country) West Friends het 10 NAME OF FATHER William Helson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Duration) yrs mos (Signed) (Address)

5525

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerwho receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of



N.B.

1 PLACE OF DEATH

County...

Howard

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE WINDE WIDDWED OR DIVORCED (Write the word) G DATE OF BIRTH March (Month) (Day) (Year) TAGE MEDICAL CERTIFICATE OF DEATH Office (Month) (Month) (Day) (Year) TAGE MEDICAL CERTIFICATE OF DEATH Office (Month) (Month) (Day) (Year) THEREBY CERTIFY. That I attended deceased free that I last saw h invaling on Jurisday April 6 mail and that death occurred on the date stated above, at 171	d in ion, ead r.]
Male While Single, Married Of Date of Death Office (Month) (Day) (Year) Tage A color or race Single, Married Office Date of Death Office (Month) (Day) (Year) (Month) (Day) (Year) Tage A color or race Single, Married Office Date of Death Office (Month) (Day) (Year) (Month) (Day) (Year) Tage A color or race Single, Married Office Date of Death Office	
TAGE March 18, 1856 (Month) (Day) (Year) Tage April 12, 1915, to Upril 62, 1916 (Month) (Day) (Year) Tage April 12, 1915, to Upril 62, 1916 (Month) (Day) (Year) Tage April 12, 1915, to Upril 62, 1916 (Month) (Day) (Year) Tage April 12, 1915, to Upril 62, 1916 (Month) (Day) (Year) Tage Tage	ar)
The CAUSE OF DEATH * was as follows:	ر اخ
(a) Trade, profession, or Farmer (b) General nature of Industry (b) General nature of Industry	
business, or establishment in which employer) BIRTHPLACE (State or country) Frederick Lee. Md. Contributory Secondary	ds.
10 NAME OF Edward Plaire (Signed) & allier Three Three Total Three	, M. O.
11 BIRTHPLACE OF FATHER (State or country) tike dericle leo. Md. 12 MAIDEN NAME OF MOTHER Katle Shipley 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)	
14 THE ABOVE IS TRUE TO THE BEST. OF MY KNOWLEDGE At place Of death	ds
(Informant) (act as a second country) (address) M. Aciry, M., Perredence Ch. Lew April 9, 1915 Filed Mris. 7., 1915: J. W. Lary, Resistran If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	5 Za

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, write None. engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Brow-chowneumonia (secondary), 10 ds. Never report mere nephrilis, etc. " "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never ACCIDENTAL, report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS—should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	5966
1 PLACE OF DEATH	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
County	Registration Dist. No
200 ant	Clf death accurred in
Village or City (No,	St.; Ward) St.; Ward) a hospital or insitution, give its NAME instead
2 FULL NAME faroline Se	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO,	16 DATE OF DEATH April 7 1915
Temale Colored OF OLONGEO Clingle	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Unteriouse, 1830	, 191, to , 191,
(Month) (Day) (Year)	that I last saw ii all ve oil
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atd. m.
O yrs. mes. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, er	
parlicular kind of work	Cardine Varolys
business, or establishment in Somestic Duties which employed (or employer)	Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 7/	Contributory Secondary
Troward founty	(Ourelion) yrs, mos ds,
10 NAME OF FATHER OD SONT	(Signed) . L. Jassey Comments, M. O.
M 11 BIRTHPLACE	aland f , 1915 (Address) Colleges lests, Wed
State or country) Montgomery Ko.	*State the DISEANE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
The state of Mather Clina, Collins	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Mont gomery Co.	At place in the of deathyrsmosds. State,yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contrected, if not all place of death?
(Informant) Dessie Scott	Former or usual residence
800: H P.t. md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) fellow (mg, 1700)	St. Paul Semotors april 9, 191/3
15 14 4 - 8 m DBMasleysform	20 UNDERTAKER ADORESS
Filed 4	Gaston Sons Elliott fity
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Luborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grosery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (rivil

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneuhoonia ("Pneumonia," menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenpieral septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning. Example: Meastes (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"



RECO

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

1	PLACE	OF	DEATH	

County Howard

5527.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;... ...Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Blk (Write the word) 4 COLOR OR RACE 6 BINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH April 3nd , 191.5. (Month) (Day (Year) 17.0 HEREBY CERTIFY. That J attended deceased from
6 D	ATE OF BIRTH Sek (Month) (Day (Year)	that I last saw h Les alive on april 2, 1915.
(a)		and that desth occurred on the date stated above, at 2 - Q. m. The CAUSE OF DEATH* was a follows: From Front from the date stated above, at 2 - Q. m.
bus	General nature of industry, ilness, or establishment in ich employed (or employer)	(Duration) yrs. mos. [d ds.
9 B	10 NAME OF PATHER	Contributory Secondary (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed)
ARENTS	19 BIRTHPLACE OF FATHER (State or country) Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accument
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) 13 MAIDEN NAME 14 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted.
	(Informant) Maggir Lift	If not at place of death? Former or usual residence
15 Fli	ed Apr 3 hd 191.0 REGISTRAR	Justles Comelan Address Jishen As hair taures ma
	If more blanks are needed, address State Regis	trar. 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Munager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canmia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uruemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio childbirth or miscarriage as "Puerpenal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marus geuital," "Senile," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," or as probably Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBEAU, V.S.

PERMANENT

UNFADING

OCCUPATION 6 back Instructions pial 5 DEATH 10 OF mportant. ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.44 Ilf death occurred in St.: Ward) a hospital or institution. give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) Mylon (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH _ alive on (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at.... f day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af piace OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the nisease cated thus: Farmer (retired 6 yrs.) For persons causing nearin, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

